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a valid OMB control number. **B-347 Attorney Docket Number** DECLARATION FOR UTILITY OR Ryan D. McMurtrey First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date Declaration □ Declaration Unknown OR Submitted Submitted after Initial **Group Art Unit** Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** Unknown required)

	····									
As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural										
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
METHOD, APPARATUS AND SYSTEM FOR CONTROLING FLUID FLOW										
the specification of which (Title of the Invention)										
is attached hereto OR										
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
··		•	,							
I hereby state that I have r amended by any amendm	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to	disclose information which is	material to patentability as	defined in 37 CF	FR 1.56.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?						
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO						
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Additional foreign applic	ation numbers are listed on a	supplemental priority data	sheet PTO/SB/0	02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s) Filing Date (MM/DD/YYYY)										
			Additional provisional application							
		,		ers are listed on a						
	_		• •	emental priority data sheet SB/02B attached hereto.						
			110/	SD/OZD attached hereto.						
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[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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United States United States Information with	of Americ or PCT Int nich is ma	it under 35 U.S.C. 1 a, listed below and ternational application terial to patentability International filing d	, insof on in th as de	ar as the sub ne manner pro efined in 37 C	ject matte vided by t FR 1.56 v	r of ea	ch of the	ne claim	is of thi	s applic	ation is	not disclosed	in the prior	
U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)					
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		CT international app												
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City	Idaho	Falls				s	State ID ZIP 83			8341	3415-3899			
Country	US			Telephor	_{1e} 208	-526-9140				Fax	208-526-8339			
believed to be punishable by	true; and	I statements made I further that these aprisonment, or bot I issued thereon.	stater	ments were m	nade with	the kn	owleda	a that w	villful fal	se state	ements	and the like s	o made are	
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G	iven Nar	ne (first and midd	le [if a	any])		Family Name or Sumame								
Ryan D.			//	// 5		McMurtrey								
Inventor's Signature		Ank	///	In	**	Date V5						V5/04		
Residence:	city /	Idaho Falls		State	10		ountry	, Us				Citizenship	us	
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1_ of 1_

									<u> </u>		
Name of Additional Joint Inventor, if any:									entor		
Given Name (first and middle [if any])					Family Name or Surname						
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Inventor's Signature	Danil M Spris				12					15/04	
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Post Office Address			,			_		·			
City	Idaho Falls	State	ID		ZIP E	33404	Country	us			
Name of Additional Joint Inventor, if any:									entor		
Given Name (first and middle [if any]) Family Name or Surname											
Joesph V. Burch								_			
Inventor's Signature	Date Date							1/15/04			
Residence: City	Shelley	State ID			Country US				Citizenship		
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Post Office Address											
City	Shelley	State	, ID		ZIP	83274	Count	_{ry} U:	s		
Name of Addition	nal Joint Inventor, if an	ıy:			A petitic	on has been file	d for this	s unsign	ed inv	entor	
Given Name (first and middle [if any]) Family Name or Surname											
Inventor's Signature					Date						
Residence: City	State				Country				Citizenship		
Post Office Address											
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City		State			ZIP		Country				

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